

\$1,000,000 CATASTROPHIC ACCIDENT INSURANCE ENROLLMENT FORM

For All States Except California, Connecticut, Florida, Kentucky, Louisiana, Maryland, New York and Texas

Name of School or School District _____ Policy Number: _____

Contracting Official Name _____ Title _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Email Address _____ County _____

Effective Date _____ Expiration Date _____ Does your intramural sports program include tackle football? ____ Yes ____ No

ELIGIBLE CLASSES:

- Class 1: All students including interscholastic athletes, intramural sports participants (except tackle football), student coaches, student managers and student trainers.
- Class 2: All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.
- Class 3: All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants (except tackle football), gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.
- Class 4: All students and intramural sports participants (except tackle football), excluding coverage for interscholastic athletes.

PLAN OPTIONS:

Please select one box indicating the Covered Sports for the desired plan and select one box indicating the desired Class.

Plan		A		B		C		D	
Accident Medical Maximum Benefit		\$1,000,000		\$1,000,000		\$1,000,000		\$1,000,000	
Benefit Plan		Allocated		Allocated		Medical and AD&D		Medical and AD&D	
Benefit Period		Lifetime	Lifetime	10-Year	10-Year	Lifetime	Lifetime	10-Year	10-Year
Covered Sports (Not applicable under Class 4)		<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football
<input type="checkbox"/> Class 1	Grades K-8	\$1.40	\$1.21	\$1.23	\$1.07	\$1.12	\$0.97	\$0.95	\$0.82
	Grades 9-12	\$3.69	\$2.27	\$3.26	\$2.00	\$2.95	\$1.82	\$2.51	\$1.54
<input type="checkbox"/> Class 2	Middle School or Jr. High	\$2.16	\$1.35	\$1.91	\$1.19	\$1.73	\$1.08	\$1.47	\$0.92
	Senior High	\$4.80	\$2.46	\$4.24	\$2.17	\$3.84	\$1.97	\$3.26	\$1.67
<input type="checkbox"/> Class 3	Middle School or Jr. High	\$2.43	\$1.62	\$2.15	\$1.43	\$1.94	\$1.30	\$1.65	\$1.10
	Senior High	\$5.08	\$2.74	\$4.49	\$2.42	\$4.07	\$2.19	\$3.46	\$1.87
<input type="checkbox"/> Class 4	Grades K-8	\$1.11	\$1.11	\$0.98	\$0.98	\$0.89	\$0.89	\$0.75	\$0.75
	Grades 9-12	\$1.40	\$1.40	\$1.24	\$1.24	\$1.12	\$1.12	\$0.95	\$0.95
Minimum Premium		\$650.00	\$650.00	\$600.00	\$600.00	\$600.00	\$600.00	\$500.00	\$500.00

Class 1 (Count Participant as a Student or an Athlete not both.)

Grades K-8 _____ No. Students + _____ No. Athletes = _____ Total Participants x _____ Per Participant = \$ _____

Grades 9-12 _____ No. Students + _____ No. Athletes = _____ Total Participants x _____ Per Participant = \$ _____

Classes 2 & 3

Middle School or Jr. High \$ _____ per athlete x _____ athletes = \$ _____

Senior High (Grades 9-12) \$ _____ per athlete x _____ athletes = \$ _____

Class 4

Grades K-8 \$ _____ per student x _____ students = \$ _____

Grades 9-12 \$ _____ per student x _____ students = \$ _____

TOTAL PREMIUM DUE* (for the benefits shown above) \$ _____

(The Premium Due is fully earned and nonrefundable on the effective date of coverage)

*Any account with Total Premium Due of \$10,000.00 or more must have underwriter review/approval prior to acceptance and binding.

We hereby enroll with Mutual of Omaha Insurance Company for a Catastrophic Student Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated above or the postmark date; whichever is later, if this Enrollment Form is accepted and the required premium is received by the Company.

Signature of School Official

Date Signed

M26500_0211-National Allocated

Policy Form SB20CC Series 8342S
ID Policy Form SB20CC Series 8365S
OR Policy Form SB20CC Series 8359S

